



TOURO
UNIVERSITY
NEVADA

SCHOOL OF PHYSICAL THERAPY
CLINICAL EDUCATION STUDENT HANDBOOK

ACADEMIC YEAR 2023-2024

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CLINICAL EDUCATION

The policies and procedures outlined in this Handbook apply to all aspects of Clinical Education (CE) within the School of Physical Therapy (SOPT). In the SOPT, clinical education is managed by the Director of Clinical Education (DCE) with assistance from the SOPT Clerkship Coordinator. Clinical Education in the School of Physical Therapy Entry-Level DPT curriculum is divided into two components:

1. Part-Time - Integrated Clinical Experiences
2. Full-Time - Clinical Experiences

INTEGRATED CLINICAL EXPERIENCES

All students will participate in Integrated Clinical Experiences (ICE) during the first two years of the program. These experiences are short, part-time active-learning experiences which allow students to develop and practice cognitive, psychomotor, and affective behaviors in addition to applying knowledge from current and past courses. Participating in these short-term clinical experiences should prepare students for successful terminal clinical experiences.

CLINICAL EXPERIENCES I, II & III

Clinical Experiences I, II, & III are the final full-time clinical experiences in the professional curriculum. These occur in the third year of the curriculum and require the equivalent of 32 weeks of full-time supervised practice in clinical facilities to meet the required competency level. Clinical experiences are scheduled in a variety of clinical settings and students are assigned to the clinical setting by the Director of Clinical Education (DCE) and supervised in the setting by an assigned Clinical Instructor (CI).

CLINICAL EDUCATION WEBSITES

CLINICAL PERFORMANCE INSTRUMENT (CPI)

PT CPI 3.0

The SOPT has selected the American Physical Therapy Association (APTA) Physical Therapist Clinical Performance Instrument 3.0 version (CPI 3.0) as the assessment tool to evaluate student clinical performance while completing full-time clinical experiences. The CPI 3.0 includes clinical performance criteria, performance anchor definitions and sample behaviors. Assigned clinical instructions and students will complete both a midterm and final evaluation during their full-time clinical experiences. Students will be provided access to the CPI website and will complete the APTA's CPI 3.0 training prior to their first full-time clinical experience.

Access to additional information regarding the CPI 3.0: [Physical Therapist Clinical Performance Instrument | APTA](#)



EXXAT PRISM

EXXAT PRISM is a clinical education management software platform used by the School of PT and the clinical education team for the management of multiple components of the clinical education experiences. Students will be provided access to the software platform, training on the systems features and their use in the clinical education process, immunization and certification tracking, and time tracking for clinicals.

<https://steps.exxat.com>

SELECTION AND ASSIGNMENT OF CLINICAL SITES

SELECTION OF CLINICAL SITES

The DCE and Clerkship Coordinator are responsible for securing and assigning all clinical rotations based on the availability of experiences, the learning needs of the student, and the overall fit of the clinical site. Students, family, or friends may **NOT** contact clinical sites to discuss or arrange clinical learning experiences; these **MUST** be done by the DCE or Clerkship Coordinator. Students may suggest sites to the SOPT clinical education team during the site preference process but securing a contract is at the discretion of the DCE. Students who violate this rule and directly contact a clinical site for placement will not receive the assignment and are subject to disciplinary review and/or mandatory reassignment by the DCE to an alternate clinical placement.

STUDENT ASSIGNMENT TO CLINICAL SITES

Assignment to the full-time Clinical Experiences is an on-going process during the student's enrollment. Students will submit clinical site preference requests by submitting the Clinical Request Form (CRF); completion of the CRF is optional. ***Students not submitting or submitting a CRF after the deadline will be scheduled based on curricular requirements and rotation availability without consideration of any preference or personal needs.***

Student assignment to clinical sites is based on level in the program, objectives of the clinical rotation, learning experiences available, and compatibility with the clinical instructor's teaching style to the student's learning style. All clinical assignments are made by the DCE based on expert judgment, information from the clinical site, and consideration of student preferences. While student convenience factors of location, cost of transportation or housing, and other issues can be disclosed to the DCE during the clinical site preference process, the educational needs of the student are the primary consideration when assigning clinical sites rather than matters of convenience. Students are not permitted to complete multiple rotations in the same clinical setting. ***Due to the availability of clinical sites, the SOPT cannot guarantee placement of clinical sites in any geographic location or setting. Transportation, housing, and other expenses of clinical education are the responsibility of the student.***



CONFLICT OF INTERESTS AT CLINICAL SITES

Students may not request nor accept an assignment to clinical sites at which potential or real conflict of interest exists. Conflict of interest may include, but is not limited to, the following: prior employment of the student at the site; an immediate family member employed at the site; extended family member is a recognized benefactor of the site; or an extended family member or close family associate is in an administrative position at the site or in the corporate structure of the site.

OUT OF TOWN ROTATIONS

Students may be required to complete clinical rotations outside the Southern Nevada area all students should plan accordingly for third year clinical rotation expenses. Extenuating circumstances must be revealed on the CRF to be considered by the DCE in scheduling individual students. Circumstances which arise after the submission of the CRF will be reviewed by the DCE on a case by case basis. Students wishing consideration of extenuating circumstances must submit their request in writing with a full explanation of the circumstances to the DCE as soon the circumstance presents itself. ***Disclosure of an extenuating circumstance does not guarantee changes to assigned clinical placements, preferred locations of clinical placements or guarantee a local clinical placement.***

TRANSPORTATION, ROOM, BOARD, AND INCIDENTALS

Additional costs for transportation, room, board, and incidentals that occur during in the completion of clinical rotations and clinical course requirements are the responsibility of the student. The SOPT does not aid students regarding housing, transportation or incidentals that may arise during clinical education experiences. Completion of clinical experiences may require the student to relocate out of town. ***Students are advised to plan for travel, housing and additional expenses related to Clinical Education during their third year in the DPT program.***

DECLINATION OF ASSIGNMENTS

Students who decline a formal clinical assignment must do so in writing to the DCE on the appropriate form (see appendix). ***Students who decline clinical rotations will be placed last on the list of students to be placed and will be placed according to the clinical experience slot(s) available at the time of the declination. If clinical education slots are not available, due to the time to secure additional clinical rotations, declination of a clinical rotation and subsequent re-assignment may hamper the student's ability to complete the curriculum with the cohort class as well as requiring the student to pay additional tuition and fees.*** Re-assignment to a particular clinical site and/or location is not guaranteed. Re-assignment is based on current availability at the time of declination in addition to program requirements.

RISK MANAGEMENT REQUIREMENTS

Federal law, facility policy, and/or TUN policy require documentation of student compliance with elements related to managing risk in a healthcare facility. TUN SOPT has incorporated many of the required elements into the didactic course schedule to provide a convenient and efficient system for students to comply with these requirements. TUN SOPT will provide an opportunity for students to comply with the regulations, however, in some instances an additional fee may be charged to the student. Students who fail to attend TUN SOPT training sessions are responsible for securing acceptable training at the student's cost and providing documentation of such to the DCE. TUN will provide opportunities to complete the following trainings:

- American Heart Association (AHA) - CPR Basic Life Support (BLS)
- Confidentiality of Protected Health Information (HIPAA and FERPA)
- Bloodborne Pathogen Training
- Hazardous Materials Handling
- Sexual Harassment

HEALTH REQUIREMENTS & IMMUNIZATIONS

Students must adhere to the requirements set forth in the TUN University Catalog, SOPT Clinical Education Handbook and the Federal Centers for Disease Control and Prevention (CDC) for required immunizations, annual physical exam, and certifications. Students are expected to upload and keep current their required documents in the EXXAT management system. Students will be provided login information and additional information on how to use the EXXAT system during a clinical education orientation during their first term. Immunizations, certifications, and physical exams must be kept current throughout a student's enrollment in the TUN DPT program. Although reminders are sent to students, it is the student's personal responsibility to be aware of all requirements, upcoming expiration dates and maintain copies of all documents submitted to the EXXAT system and those submitted to Student Health Services. Students must continually meet all the requirements listed below:

	Requirements	Required Documents	Due
MMR	2 vaccines and positive titer. If titer is negative/low/equivocal then booster and re-titer is required.	Lab report required	Upon matriculation
Hepatitis A	2 vaccines or titer	Lab report required	Upon matriculation
Hepatitis B	Positive titer: If titer is negative/low/equivocal then repeat of series and re-titer is required.	Lab report required	Upon matriculation
Tdap	One primary vaccination and booster every 10 years	Lab report required	Upon matriculation

Varicella	2 vaccines and/or positive titer; If titer is negative/low/equivocal then repeat of series and re-titer is required.	Lab report required	Upon matriculation
TB	Annual QuantiFERON Gold test; if test is positive, a negative chest x-ray is required.	Lab report required	Upon matriculation; then annually
Polio	Series completed	Series completion documentation	Upon matriculation
Flu	Flu shot required annually by October 1 st	Documented flu vaccination for current flu season OR completed flu vaccination waiver/exemption on file with student health	Annually on October 1 st
Covid-19	2 doses of Moderna or Pfizer or 1 dose of J&J vaccine	Copy of vaccine card	Upon matriculation
Physical Exam	Completed annually		Upon matriculation; then annually

**Immunization requirements subject to change based on CDC and TUN Administration advisement*

Clinical rotation sites may have additional immunization requirements. Students should check with the DCE or SOPT Clinical Clerkship Coordinator for additional site-specific requirements. TUN SOPT will provide each clinical site with a summary of documents of Risk Management information for each student to include Drug Screening results, Background Check Information, Immunizations and Certifications. Facilities may require copies of actual laboratory reports and/or immunization records. It is the students' responsibility to provide Student Health, DCPT Clerkship Coordinator with updated documentation of their immunizations, physical exam or certifications prior to any posted expiration date or deadline provided by TUN or SOPT.

INCOMPLETE IMMUNIZATIONS

Students are required to maintain current immunizations and certifications throughout their enrollment in the TUN DPT program. If a student's immunizations are not up to date at time of a Simulated Patient Lab, Integrated Clinical Experience, or Clinical Experience, the student may be unable to participate in the activity or clinical experience until such time their immunizations and/or certifications comply with SOPT and University Requirements. This could delay starting a clinical experience or the completion of graduation requirements for those students who have not maintained current immunizations and/or certifications.

Immunizations must be current and compliant with TUN and SOPT policies to complete/participate in any on-site clinical activity, integrated experience, rotation, observation, facility tour or school-sponsored event. Students will not be permitted to participate in their full-time clinical experiences with missing or incomplete immunizations. If an immunization expires during a clinical experience and is not updated prior to the expiration date, students may be pulled from their assigned clinical sites.



STUDENT HEALTH INSURANCE

It is the policy of the University that all students are required to have personal health insurance coverage sufficient to cover illness and injury. This insurance is to be in place at the time of matriculation and throughout the entire enrollment. Students shall provide the SOPT clinical education team with proof of medical insurance. Students should be aware that clinical sites may require verification of medical insurance during the clinical site on-boarding process.

ADDITIONAL CLINICAL SITE ON-BOARDING REQUIREMENTS

Clinical sites may have additional site specific on-boarding requirements including but not limited to additional paperwork, training, immunizations, background checks or drug screening. Facilities may also require students to complete their on-boarding requirements through a third-party portal (ex: My Clinical Exchange & Complio). It is expected students will complete site-specific on-boarding requirements within a reasonable amount of time once requested by the clinical site or SOPT clinical education team. These additional site-specific on-boarding requirements may require a fee, these additional fees are the responsibility of the student.

DRUG AND ALCOHOL USE AND ABUSE

TUN does not condone any form of drug, substance, or alcohol abuse by its students. Any student who attends a clinical assignment while under the influence of alcohol or drugs is subject to removal and/or dismissal from the clinical site and subject to disciplinary action. Students are referred to the Code of Student Conduct in the TUN University Catalog.


DRUG TESTING & SCREENING

All students must adhere to the Drug Testing Policy as stipulated in the TUN University Catalog. Drug screening is required by TUN for all students participating in clinical rotations and/or integrated clinical experiences. Students will be screened prior to clinical rotations and/or integrated clinical experiences. Screenings will be unannounced. Clinical facilities may require additional drug screening, additional screening costs will be the student's responsibility. Students with positive results on any drug screen may be subject to re-screening and disciplinary action as outlined in the TUN University Catalog.

Illegal drugs are defined under Federal and State law as those for which a prescription is required and where no prescription has been issued to the student for a valid and specific purpose.

The drug screening will test for the following substances: alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, and methadone, opiates (propoxyphene), PCP, and Quaaludes.

No student shall be compelled by use of force to submit to a physical examination to detect the presence of an illegal drug or alcohol because of behavior, including submission to a blood, urine,



or other screening procedure; however, refusal to comply shall be considered insubordination and subject the affected student to possible dismissal from the SOPT.

BACKGROUND AND CRIMINAL RECORD CHECK

A criminal and credit background check for each student is required by TUN prior to matriculation and prior to clinical rotations and/or integrated clinical experiences. Assigned clinical sites will be provided a copy of your current background check prior to the start of a clinical rotation; facilities may also require copies of a current background check for a clinical observation and/or integrated clinical experience. Additional fingerprinting with a criminal record check may also be required by clinical facilities. The cost of additional background check and/or fingerprinting is the responsibility of the student. ***Once matriculated into the program, students must notify the Program Director of any arrests and/or convictions within 48 hours of the occurrence.***

MALPRACTICE INSURANCE


All students and faculty participating in the SOPT approved clinical activities in the United States are covered by the professional liability insurance of TUN during such activities. Copies of the Certificate of Liability can be obtained from the DCE as needed. Student and faculty participating in clinical activities not a part of the instructional program is not covered under the TUN professional liability and should secure private liability coverage.

REPORTING TO YOUR CLINICAL SITE

Prior to the start of a clinical rotation, students must contact the SCCE and/or the CI at least two weeks prior to their scheduled start date to determine the location and time to start the first day, dress, parking policies and any additional on-boarding or pre-clinical requirements of the facility. Unless otherwise arranged, on the first day of each rotation students should report to the SCCE or CI or a designee by 8:00 a.m.

TRAINING HOURS & TIME TRACKING

Students are expected to work their CI's schedule. Working hours in each of the clinical facilities will be indicated and determined by the CI, in cooperation with the SCCE. The student will normally work the same schedule and days as the CI, which may include evenings and weekends. It is expected students will work an average of 40 hours per week during their full-time Clinical Experiences. Students can work up to 50hrs per week but should not exceed 50hrs and weekly hours should not fall below 35hrs. Students must have a minimum of two (2) days out of each consecutive fourteen (14) days free of all clinical duties, although these days will not necessarily



be on weekends. Students are expected to track their clinical hours on a weekly basis as per the format instructed by the DCE prior to the start of their clinical rotations. Any instances of falsification of documented training hours are subject to disciplinary action, possible dismissal from the clinical site, and possible course failure.

CLINICAL ATTENDANCE POLICY

Attendance is expected on clinical rotations, unexcused absences are unacceptable and are grounds for disciplinary action. For unexpected absences (e.g., emergencies) students are expected to notify their assigned Clinical Instructor and/or clinical site SCCE at least 1 hour prior to their scheduled start time via phone. Additionally, students must notify the DCE at school by email on the day of occurrence.

For scheduled absences (e.g., professional leave or personal leave) a Clinical Leave Request Form must be signed by the student's CI and/or SCCE and submitted to the DCE for approval **at least 14 days in advance** of the requested leave. A copy of the Clinical Leave Request Form is located in the appendix. Permission for scheduled absences must be cleared in advance with students CI and/or SCCE and DCE.

Students who fail to notify the DCE, SCCE, and/or CI of an absence or who take leave despite a denial of a prior request for time off are subject to disciplinary action, professional behavior point deduction and/or may be removed from the clinical rotation and receive a failing grade for the course.

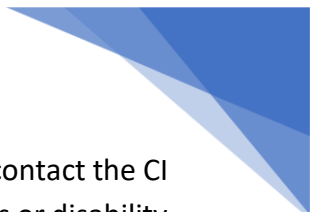
Students may not work extra time or days to shorten the rotation. In cases with extenuating circumstances the DCE, in consultation with the CI and SCCE, may provide an alternate clinical ending date provided all other course requirements have been satisfied. The SOPT requires students complete a total of 32 weeks of full-time Clinical Education Clinical Experiences.

PROFESSIONAL LEAVE

If the student desires to participate in an education or professional-related activity that will take him/her away from an assigned clinical rotation, the student must submit a Clinical Leave Request Form explaining the activity, value of activity, and detailing the time away from assigned rotation. This request must be submitted for approval to the DCE **14 days in advance** of any anticipated absences. If approved, the missed time may be required to be made-up during the rotation.

ILLNESS OR DISABILITY

In case of illness, students are required to notify their assigned Clinical Instructor and/or clinical site SCCE at least 1 hour prior to their scheduled start time via phone. Additionally, students must



notify the DCE at school by email on the day of occurrence. If unable to personally contact the CI and DCE, contact by a responsible party is acceptable. Clinical time lost due to illness or disability will be required to be made-up. Arrangements to makeup clinical time must be approved by the DCE, SCCE, and CI. ***Any absence due to illness or disability greater than three (3) days requires a written excuse by the student's primary care provider.***

PREGNANCY

Any stage of pregnancy during a clinical rotation, notification should be made to the SOPT Program Director, SOPT Director of Clinical Education and DOSA – Office of OASIS. Medical clearance by a physician is requested prior to the start of a clinical rotation or for continuation of a clinical rotation if the rotation is already in progress. This information will be kept confidential. If the clinical facility presents potential harm to the mother or fetus, the DCE may transfer the student to an alternate clinical placement. Arrangements may be made based on clinical site availability, program setting requirements, and medical clearance by the treating physician.

MATERNITY LEAVE


Maternity leave from clinic will be scheduled in consultation with the clinical site, DCE and TUN Office of OASIS. Students are allowed six weeks maternity leave for a normal vaginal delivery or up to three months for a Cesarean Section delivery unless the student's physician orders additional time. A medical clearance note from your treating physician will be required prior to returning to the clinical setting. Clinical time lost due to delivery or complications of the pregnancy must be made-up. The DCE in consultation with TUN Office of OASIS and assigned clinical site will determine the time and place for the clinical time to be made up.

FAMILY AND BEREAVEMENT LEAVE

Leave required due to bereavement, family emergency, birth, adoption, or illness of a child or dependent is allowed on the same basis as personal illness, that is, up to three days may be taken with notification of the DCE, SCCE and/or CI. Approval for more than 3 days must be given by the DCE in consultation with the site SCCE and/or CI. All time missed for family and bereavement leave must be made up. The DCE in consultation with the clinical site will determine the time and place for the time to be made up.

PERSONAL LEAVE

Requests for personal leave for non-emergent situations should be made to the DCE no later than **14 days in advance** by submitting a completed Leave Request Form signed by the student's supervising CI or site SCCE. Time missed must be made up and a plan to make up the time missed is required to be included on the submitted Leave Request Form. Leave requests without a plan to make up clinical time will be denied by the DCE. The site SCCE and/or CI will determine the time and place for the time to be made up in consultation with the DCE as needed.



Personal leave days not approved by the DCE will be considered unexcused and subject to disciplinary action. Personal leave is not a guarantee and students should discuss pending leave requests with their assigned clinical site and school DCE as soon as possible. Personal leave requests > 3 days will not be granted. The SCCE, CI, DCE or SOPT Program Director reserves the right to deny leave requests in instances where it is felt it is not in the best interest in the student to be missing clinical time.

FAILURE TO NOTIFY CI OR DCE OF ABSENCES

These policies require students to notify the DCE, SCCE and CI of all absences whether scheduled or of an emergent nature. Students who fail to notify the DCE, SCCE or CI of an absence, or who take leave despite a denial of a prior request for time off will be subject to disciplinary action and possible removal from the clinical site. The consequence of failure to notify of absences will be applied regardless of the time in which the infraction occurs in the rotation.

HOLIDAYS

The TUN Academic Calendar for holidays is suspended for students on clinical rotation. All national holidays will be observed at the discretion of the SCCE and/or CI at the respective clinical site. If a clinical site requires a student to work on a national Holiday it is expected the clinical site will provide the student with an alternate day off. If time off is approved by TUN for religious holidays or other reasons, the SCCE and CI will be notified, and the student will not be required to work the holiday but may be required to make up the time missed.

If a student is schedule to be on clinical rotation at the time of graduation, the clinical schedule will be altered to allow the student to attend all academic or graduation functions (e.g., rehearsal, exit interviews, ceremony, etc.).

CLINICAL DRESS CODE

Students on clinical experiences are required to comply with the SOPT dress code and the facility guidelines. Students must maintain a neat and clean appearance befitting students attending a socially conservative professional school; therefore, attire should convey a professional appearance whenever the student is on University grounds or off campus for co-curricular activities or clinical experiences.

IDENTIFICATION

Nametags/ID Badges must be worn at all times during clinical activities. Students should wear their TUN Student name tag clearly visible. Individual facilities may issue a specific badge for identification.



HYGIENE

Students are expected to maintain the highest standards of personal hygiene and professional appearance during all clinical activities. Hair must be neat, clean, and of such length as not to interfere with clinical duties. Facial hair must be neatly trimmed.

ACCESSORIES AND JEWELRY

Piercings, other than one in each ear, and tattoos should not be visible when in clinical settings. Jewelry, hair color, and choice of accessories should reflect a moderate to conservative style. Hats or head coverings other than that representative of religious beliefs may not be worn in the clinic.

MAKEUP, PERFUME AND COLOGNE

Makeup should maintain a professional appearance and usage of perfume or cologne should be minimal. Colleagues, patients, and clients may be allergic to chemicals in perfumes and makeup. Clinical facilities may not permit the usage of perfume and cologne.

FINGERNAILS

Hands and nails should be clean and smooth. Fingernails should be cut short so that the nail is not visible from the palm side. During clinical experiences, only clear, muted beige or conservative colored polish may be worn. Artificial nails are not acceptable in the clinical environment.

CLOTHING

During clinical experiences dress should be conservative. A TUN-School of Physical Therapy polo shirt is provided to each student for use on clinical assignments and should be worn with solid colored slacks or khakis while on clinical rotations unless other specific dress is required by the facility. The white clinic coat may be required in certain facilities and is also provided by TUN. Slacks and shirts should be clean, ironed, with no evidence of tears or frays and all clothing must be sufficient to conceal all undergarments.

SHIRTS, TOPS, BLOUSES, AND JACKETS

Students must have TUN logo polo or dress shirts to wear on field trips, clinical observations, and other identified clinical activities. When professional dress is specified, men should wear a dress shirt and tie. Women may wear appropriately conservative shirts, sweaters, tops, or turtlenecks. Inappropriate attire includes tank tops, midriff tops, tops with bare shoulders or plunging necklines or backs, golf-type shirts, sweatshirts, and screen-printed t-shirts and tops.



SLACKS AND PANTS

Slacks must be of a uniform color (no print), made of a woven material such as cotton or cotton blends, wool, and flannel. Inappropriate slacks include jeans, or any pant made of denim regardless of color, trim, or cost, exercise pants, leggings, and any spandex or other form-fitting pants such as clothing made for exercise or biking. All pants must be secured at waist level. Skirts and dresses are not permitted in the clinical setting during clinical experiences.

SHOES AND FOOTWEAR

Conservative walking shoes, dress shoes, oxfords, loafers, flats, or a low dress heel (less than 2”) are acceptable. Athletic shoes, tennis shoes, thongs, flip-flops, slippers, and any casual shoe with an open toe are not acceptable in the clinical setting. Shoes must cover the toe and heel, preferably lace-up, and have a street appropriate sole. Shoes should be of a single, neutral/conservative color and should not include sports or brand insignias. No bright or loud colored sneakers should be worn in the clinic environment. All footwear must be worn with appropriate stockings and/or socks.

SCRUBS

Facilities may require students to obtain and wear scrubs while on full-time clinical experiences. Scrubs must be in good repair, in color designated by clinical site and appropriate to the setting.

FACILITY CLINICAL DRESS CODES


Clinical sites may have dress codes that are different from the SOPT Clinical Dress Code. The student will be informed by the facility of any alternate dress codes and the student is expected to follow the facility code. Clinical site dress codes may permit a more casual dress than polo shirt and slacks; in these cases, the SOPT student should consider the impact of casual dress on professionalism before assuming a more casual dress.

STUDENT AND CLINICAL SITE RESPONSIBILITIES

STUDENT RESPONSIBILITIES

Touro University Nevada’s School of Physical Therapy will notify students of their responsibility to fulfill the following. Students who fail to fulfill these responsibilities may be removed from the clinical rotation.

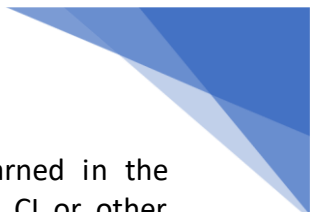
1. Be familiar with all clinical education policies and procedures of TUN SOPT.
2. Complete a self-evaluation of skills prior to the rotation and draft an Action Plan to improve professional and practice skills.

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3. Discuss the Action Plan and reciprocal expectations with the Clinical Instructor to devise a tentative schedule of activities to meet the learning objectives of the Action Plan.
 4. Seeks supervision and feedback from the Clinical Instructor on an on-going basis.
 5. Participates in formal assessments of performance with the Clinical Instructor.
 6. Informs the Clinical Instructor and the DCE immediately if unable to meet commitments due to illness or other reasons; ill days will be made up.
 7. Informs the Clinical Instructor and the DCE of any problems that arise during the placement in a timely manner.
 8. Participates in patient/client management, practice management, and professional activities as assigned by the Clinical Instructor.
 9. Attended all scheduled days at the facility. The student is expected to be in attendance for all activities required by the Clinical Instructor including rounds, professional development activities, administrative meetings, and facility marketing or community events.

SPECIFIC REGULATIONS AND PROCEDURES OF THE CLINICAL SITE

The activities of each student during assignment to a clinical site shall be governed by the following regulations:

1. Students shall be supervised by a licensed physical therapist.
2. Students shall assume responsibility for and perform their assigned duties in accordance with the clinical facilities policy, procedures, and regulations.
3. Students shall be assigned to specific patients. Examinations and evaluations should be completed on those patients whom students will be following, where applicable. Emphasis will be placed on the teaching and application of physical therapy principles and practices.
4. Students should present patients to the CI or in case conferences on a routine basis as appropriate.
5. Medical records documentation may be signed by the student according to the rules and regulations of the facility and the legal jurisdiction. Examinations, evaluations, and care plans should be reviewed by the CI. All documentation should be countersigned by the supervising physical therapist.
6. Students shall not order any referrals, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physical therapist. Students shall always represent themselves as a student physical therapist or a physical therapy intern. Students may never represent themselves as licensed physical therapist or other licensed health professional (e.g., ATC, LMT, PTA) while on clinical rotation.
7. Students shall administer only those clinical procedures which have been learned and performed in the didactic courses under appropriate and proper supervision. If a clinical instructor or other



health professional instructs the student in other procedures than those learned in the curriculum and allows a student to provide such procedures to a patient, the CI or other professional assumes all responsibility for the student performance of those activities.

8. Every effort should be made to counsel and assist those students having difficulty in a particular clinical setting. Students who are particularly adept in a specific clinical setting should be given additional opportunities to learn at the discretion of the appropriate supervising physicians and the SCCE in accordance with clinical setting policy, procedures, or regulations.

EVALUATION OF CLINICAL SITES

Following each clinical experience, students are expected to complete an evaluation of the CI, site, and overall clinical experience using the Clinical Experience Evaluation form included in the Appendix. Feedback from these forms may be shared with clinical sites. Students wishing to keep their feedback confidential may request so in writing to the DCE.

EVALUATION AND GRADING OF THE STUDENT

GENERAL GRADING PHILOSOPHY

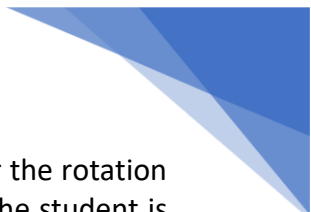
While grades are an important part of the clinical education process, and can provide substantial information regarding performance, it is essential that students and clinical instructors alike recognize that the generation of a grade is not the primary purpose of clinical rotations. Focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, and developing clinical competence. It is important as well that students pay close attention not simply to the grade earned, but to the specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

GRADE CALCULATION AND AWARDING OF GRADES

Clinical education courses are graded according to the TUN grading scale in the Catalog. The course syllabi detail objectives, grading criteria, and course requirements. Final grades are assigned by the DCE based on input from the CI recorded in the CPI and graded components as listed in the course syllabi. A clinical grading rubric will be used to insure consistency in grading.

STUDENT SELF-ASSESSMENT/GOALS & OBJECTIVES

Prior to the first day of the clinical rotation, the student should complete a self-assessment through completion of the Student Goals & Objectives assignment. At the start of all clinical rotations, each student should meet with his/her CI to discuss expectations for clinical performance as well as to set goals and objectives for the rotation. This conversation should include a review of the Students Goals & Objectives Assignment, schedule, homework assignments, specific duties to be assigned, limitations of the student's activity, and an explanation of the basis on which the student will be evaluated. The student and the CI should



refer to the both the general and specific objectives and outcome expectations for the rotation as described in the course syllabi and the Clinical Performance Instrument (CPI). The student is responsible for ensuring comprehension of their CI's expectations and should take this opportunity to clarify any issues regarding roles, responsibilities, and expectations.

MIDTERM AND FINAL CLINICAL EXPERIENCE DISCUSSION

At midpoint of each clinical experience the student and clinical instructor (CI) should schedule time to formally review the completed midterm Clinical Performance Instrument (CPI) Evaluation and for the CI to provide additional feedback on the student's clinical performance to date and suggestions for improvement in the latter half of the experience. The DCE or a Faculty member will contact the student and CI either by phone, email, virtual meeting, or a clinical site visit to assure the student is progressing as expected. Students and Clinical Instructors are encouraged to contact the DCE prior to the midterm check-in if any issues arise.

USING THE CPI


All students and CIs must complete the one-time, free online training on using the CPI, prior to the start of a students' rotation. The full CPI should be reviewed by the CI and student at mid-point and at conclusion of each full-time Clinical Experience (1, 2, and 3). The CPI reviews should provide feedback to the student as to his/her specific areas of strength and weakness and to offer guidance for improvement in the future. CIs should take the opportunity not only to assess what the student has done, but to offer advice for how the student can do better. Any notation of significant concern should be accompanied by anecdotal comments and examples of unacceptable behavior. The mid-point and final reviews should be performed face-to-face. Both CI and student must sign the CPI before submission to the DCE. The student's signature is not necessarily an indication of agreement, rather an acknowledgement the evaluation was reviewed, and that the student understands the content.

RELEASE OF PRIOR CPI'S TO CLINICAL SITES

The student's self-assessment serves as a transition between subsequent rotations. Prior CPI evaluations and comments will not be released although areas in which a student requires additional training may be disclosed in a discussion regarding progress.

ACADEMIC WARNING AND COUNSELING

Academic counseling can be informal, verbal or written by a course instructor, DCE, SOPT Program Director, Faculty Advisor, Clinical Instructor or SCCE. Any graded component receiving a grade below 75% is considered Academic Counseling to a student without further action by the course instructor. **Additionally, any areas of concern identified by an assigned Clinical Instructor, identified during a midterm call, or outlined on a CPI evaluation is also considered Academic Counseling to a student without further action by the course instructor.** Instructors



may advise students of study methods, peer tutoring, or other resources/mechanisms to resolve situations required academic counseling.

DISMISSAL FROM A CLINICAL SITE

A dismissal from a clinical site constitutes a course failure. Students will be required to repeat the clinical rotation and may be subject to disciplinary action and/or dismissal from the program based on the circumstances of their dismissal.

INCOMPLETE GRADES

An incomplete grade (I) is permitted only when the student is currently passing the course, in cases of exceptional circumstances, and following consultation with the instructor. In such cases, a specific written agreement between the instructor and the student specifying the time and manner in which the student will complete the course requirements. The time for completion of the course requirements will not exceed the end of the next academic term.


CLINICAL REMEDIATION

Accreditation criteria for Physical Therapy programs require the faculty to assure each student has demonstrated competency in each area of the program. The faculty acknowledges learning styles vary and each student may not initially master a competency so remediation of a particular component(s) of a course may be necessary. Remediation allows the student to demonstrate competency in a component of a course/clinical rotation with the help of additional time and study.

Remediation offering for this course is at the discretion of the DCE in consultation with the assigned CI and facility SCCE. Remediation is a privilege that must be earned by a student through active participation in the clinical educational program as demonstrated by regular attendance, individual initiative, and utilization of available resources. Decisions regarding remediation will be made on an individual basis after considering all pertinent circumstances in each case.

Remediation is completed within a short, but reasonable time following an unsatisfactory clinical performance. Remediation of a clinical rotation may alter/change your ability to start subsequent clinical rotations on-time and may hamper the student's ability to complete the curriculum with their cohort as well as requiring the student to pay additional tuition and fees. Students who disagree with remediation assignments may file an academic grievance after discussing the issue with the faculty member.

If remediation is offered for a clinical internship course the DCE, CI and/or SCCE will assign



required activities for remediation, possible learning contract and estimated length of additional clinical time allotted for remediation.

CLINICAL FAILURE

Any student receiving a clinical grade below 80% or F or not meeting minimum clinical standards on their Final Clinical Performance Instrument (CPI) Evaluation for a clinical rotation is considered to have failed the course. A student who fails a clinical rotation will be referred to the Student Promotions Committee for assessment and recommendations. Unless contrary to these recommendations a failed rotation must be repeated; except in cases where the failure occurs during a clinical remediation or is a second course failure. Repetition of a clinical rotation may delay the student's completion of the curriculum, and consequently, graduation. If a student successfully repeats a rotation, the letter grade of the successful completion will replace the failing grade of the initial attempt.

Students who have failed a clinical rotation may be required to complete additional coursework prior to repeating their clinical rotation and may return to the clinic with a clinical learning contract. A student who fails any two clinical rotations, including remedial rotations, or unsatisfactorily remediates a clinical rotation may be recommended for dismissal. Students who fail a clinical rotation due to egregious safety and/or professional behavior issues may be recommended for dismissal from the program. Students are referred to the Handbook and to the TUN Catalog for details on dismissal.


DISPUTES AND APPEALS

If a student disagrees with the clinical evaluation offered by a CI or the final grade awarded by the DCE, he /she should first set up a meeting with the DCE to discuss the matter. Following this discussion, the DCE may modify the grade, documenting fully the rationale for the change. If the DCE upholds the initial grade, the student may appeal the grade using the student grievance procedure for academic issues as outlined in the TUN Catalog. Grade appeals must be directed to the course faculty within two business days of submission of the final grade. Decision of the course faculty will be communicated to the student within two business days of when the appeal was received.

ACADEMIC INTEGRITY AND PROFESSIONALISM

Students will conduct themselves as professionals and, as such, are expected to demonstrate good judgment and the use of appropriate professional ethics when making decisions. The SOPT adheres to TUN policies regarding Academic Integrity and Student Conduct. Students are encouraged to familiarize themselves with the provisions in these policies which may be viewed on the TUN website at:

- Academic Integrity: <http://tun.touro.edu/wp-content/uploads/AcademicIntegrityPolicy.pdf>

- 
- Student Conduct: Student Catalog (Appendix C, pgs. 224-234) available at <http://tun.touro.edu/wp-content/uploads/2010/07/Touro-University-Nevada-2014-2015-Catalog-04202015.pdf>

In addition to institutional and departmental policies, students of the SOPT will comply with the Code of Ethics for the Physical Therapist as prescribed by the APTA (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf).

Violations of academic or professional integrity are of grave concern. Transgressions of these crucial policies will be handled according to the disciplinary processes of the SOPT and of the institution. All incidents involving academic integrity must be reported to the Program Director and, if necessary, to the Dean of Students. Students determined to be in violation of policies covering academic integrity will be given a failing grade and may be subject to probation, suspension, or dismissal. Documentation of the incident will become a permanent part of the student's academic record. Students may attend classes while a charge of academic dishonesty is being adjudicated.


Proven or admitted instances of academic dishonesty will normally result in the student receiving a failing grade for the course and recommendation of suspension or dismissal by the Student Progression Committee. Disciplinary action from the program will be reviewed by the Program Director and the Dean of Students who have final authority.

ESSENTIAL FUNCTIONS FOR ADMISSION AND CONTINUED ENROLLMENT

The SOPT faculty identified those intellectual, ethical, physical, and emotional capabilities required to practice physical therapy. Students are required to consistently demonstrate and achieve the levels of competence required by the faculty for each of the essential functions to be admitted, enrolled, continue through completion, and graduate from the school. Once enrolled in the program each candidate for the DPT degree must be able to demonstrate professional behavior while quickly and accurately learning, integrating, analyzing, and synthesizing information and data to be able to perform as a member of a healthcare team. *Students are referred to the SOPT Student Handbook for the list of defined Essential Functions.*

PROFESSIONAL BEHAVIORS GRADING

Students determined by the instructor to be behaving in an unprofessional manner will be subject to discipline as described in the SOPT Student Handbook. Students who misbehave may be removed from the class and/or be subject to formal warning, reprimand, or the deduction of professional behavior points.



The instructor reserves the right to deduct a maximum of 9% from the course grade for unprofessional behavior. No warnings are required prior to assessing penalties for unprofessional behaviors or violations of academic integrity. Students will be notified by email of the unacceptable behavior and the point deduction to be made. Normally, behavior deductions will range from 1-3%. Behaviors involving academic integrity or egregious offenses of student conduct will be assessed the maximum deduction of 9%. Professional behavior point deductions are cumulative. Students who accumulate ≥ 9 -point deduction in a single term or a cumulative total of ≥ 27 professional points deductions across the program will be referred to the Dean of Students and may be subject to probation, suspension, or dismissal. Students demonstrating unprofessional behavior in multiple courses or other program activities may be requested to resign from the program after a disciplinary due process.


UNPROFESSIONAL BEHAVIOR

Unprofessional behaviors are described at length under the Code of Student Conduct (Appendix C) of the TUN Catalog and include violations of the policies covering Academic Integrity and the ethical principles of their profession. Students who demonstrate disregard for the rules of the institution or program, or who demonstrate selfishness, rudeness, or inappropriate language or actions will be subject to discipline. Examples of unprofessional behavior include, but are not limited to, the following:

- Tardiness
- Inattentiveness or sleeping during lectures or student presentations
- Talking to others during lectures or student presentations
- Failure to silence cellular telephones or other electronic devices during class or laboratory sessions
- Use of personal electronic devices (I-Pods, MP3 players, and cellular devices) during class or laboratory sessions
- Surfing the web during lectures or presentations
- Hostility or an adversarial attitude towards faculty or students
- Impaired behavior due to drug or alcohol use
- Instant messaging, text messaging, or emailing during class
- Unauthorized use of any technology device in the classroom during testing or attempts to communicate with another individual to convey testing information or access information

MISCELLANEOUS POLICIES

CONFIDENTIALITY (HIPPA STATEMENT)



Student participating in clinical rotations may be requested to discuss cases based on actual patients to improve the quality of future patient care and as a learning activity. Students should not make copies or prepare summaries of patient information unless the information has been de-identified. Students may not present information to classmates outside of the treatment setting without de-identifying the patient information.

In order to assure that no protected health information is disclosed as provided by HIPAA; each student is responsible for assuring that the following information has been de-identified *before leaving the clinical setting*.

- a. Patient name.
- b. Patient address.
- c. Patient geographic location smaller than a State or Country.
- d. Identifiers of relatives, employers, household members of the individual.
- e. Names of any real person including healthcare providers.
- f. All elements of dates (except year) for dates related to an individual, including
 - a. Birth date,
 - b. Admission date,
 - c. Discharge date,
 - d. Date of death,
 - e. Ages over 89 years (indicate 90+).
- g. Telephone numbers.
- h. Fax numbers.
- i. Electronic mail addresses.
- j. Social Security numbers.
- k. Medical Records numbers.
- l. Health Plan beneficiary numbers.
- m. Account numbers.
- n. Certificate/license numbers.
- o. Vehicle identifiers.
- p. Device identifiers and serial numbers.
- q. Full face photographic images and any comparable images.
- r. Healthcare facility.
- s. Any unique identifying number, characteristic (hobbies, employment, etc.), or code; or
- t. Any identification code that could be used to re-identify individual. (*Information abstracted from US Statute: 45 CFR Part 164.514 Other requirements relating to uses and disclosures of protected health information.*)

**CLINICAL AGREEMENT AND ADDENDUM:**

The written contract between TUN and the clinical facility that enumerates the rights and responsibilities of each party as related to clinical education. The specific addendum relating to Physical Therapy is titled “Exhibit F: Physical Therapy.”

CLINICAL EDUCATION (CE):

The portion of the Physical Therapy curriculum which occurs in various clinical settings in which physical therapy services are provided to a patient or client population.

CLINICAL FACULTY:

Clinical faculty are those professionals who have been assigned to supervise a TUN SOPT student in a clinical or community setting. Clinical faculty are supervised by the Director of Clinical Education for their SOPT activities.

CLINICAL INSTRUCTOR (CI):

An employee of the clinical facility who has responsibility for the day-to-day supervision of the student in the clinical facility.

CLINICAL PERFORMANCE INSTRUMENT (CPI):

The selected evaluation tool for use by the CI in evaluation the performance of the student during the clinical rotation. The CPI is copyrighted by the American Physical Therapy Association and is licensed to TUN for use in the SOPT Clinical Education Program.

CLINICAL SITE INFORMATION FORM (CSIF):

A document containing a broad array of information on a specific clinical site. The form is normally completed by the SCCE at the site. This form is contained in and accessed through the CSIF Web or CPI Web database.

DIRECTOR OF CLINICAL EDUCATION (DCE):

The SOPT full-time faculty with responsibility and authority for the clinical education program.

INTEGRATED CLINICAL EDUCATION COORDINATOR:

An employee of the TUN DPT program who is responsible for scheduling student contact hours for Integrated Clinical Experiences.

SITE COORDINATOR OF CLINICAL EDUCATION (SCCE):

A full-time clinical staff member with responsibility and authority for the clinical education program.

SOPT:

TUN School of Physical Therapy

APPENDIX 2: NEW AFFILIATION AGREEMENT FORM

(Request form to start an affiliation agreement with a clinical site the SOPT does not currently affiliate with for Clinical Experiences.)



TUN SCHOOL OF PHYSICAL THERAPY NEW AFFILIATION AGREEMENT FORM

Request to start an affiliation agreement with a clinical site the SOPT does not currently affiliate with for clinical experiences. Out of state sites only, maximum three sites.

Student Name: _____ Date: _____

First Choice Site Name: _____

Address: _____

Phone Number: _____

Contact Email Address: _____

SCCE Contact Name: _____

Describe reason for wanting this agreement:

What contact have you or others acting on your behalf had with this facility or clinic?

Second Choice Site Name: _____

Address: _____

Phone Number: _____

Contact Email Address: _____

SCCE Contact Name: _____

Describe reason for wanting this agreement:

What contact have you or others acting on your behalf had with this facility or clinic?

APPENDIX 2: NEW AFFILIATION AGREEMENT FORM

(Request form to start an affiliation agreement with a clinical site the SOPT does not currently affiliate with for Clinical Experiences.)

Third Choice Site Name: _____

Address: _____

Phone Number: _____

Contact Email Address: _____

SCCE Contact Name: _____

Describe reason for wanting this agreement:

What contact have you or others acting on your behalf had with this facility or clinic?

To be considered for a **XXXX Clinical Experience Timeframe**, this form must be returned to the Clinical Education Team no later than **5:00pm** on: **XXXXX**.

Upon submission of this form, if the above clinical site agrees to a new affiliation agreement for placement of this student; student may be assigned for any of the rotation timeframes agreed to by the clinical site (e.g CE #1, CE #2, CE #3) regardless of the student's preferred timeframe. Once submitted clinical assignment preference changes will not be permitted.

APPENDIX 3: CLINICAL GEOGRAPHIC PREFERENCE FORM



TUN SCHOOL OF PHYSICAL THERAPY CLINICAL GEOGRAPHIC PREFERENCE FORM

Student Name: _____ Date: _____

- Clinical Experience I Clinical Experience II Clinical Experience III

Assignment to the Clinical Experiences is an on-going process during the student's enrollment. Students will submit clinical site preference requests by submitting the Clinical Geographic Preference form. Students are advised to type or print responses. Illegible entries will be disregarded.

Students not submitting or submitting a form after the deadline will be scheduled based on curricular requirements and rotation availability without consideration of any preference or personal needs. Due to the availability of clinical sites, the SOPT cannot guarantee placement of clinical sites in any geographic location. Transportation, housing, and other expenses of clinical education are the responsibility of the student.

Section 1. Locations (**Duplicates are not permitted**).

In the space below, rank your six (6) highest location/City preferences for this rotation. (All locations listed must be > 60 miles distance from each other).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Use the following space to explain your rationale for these location/city preferences (not required). You may also list specific clinical sites in the space below. Consideration may, or may not, be given to the rationale in facility assignment.

Section 2. **Extenuating Circumstances**

Use this space if you have an extenuating circumstance that the DCE should be aware of when assigning your rotation. Include any known circumstances that might cause you to miss time at the clinical rotation.

Section 3. **Specific Clinics You Would Like Us to Consider for Your Placement (optional section)**

1. _____
2. _____
3. _____
4. _____

To be considered for a **XXXX Clinical Experience Timeframe**, this form must be returned to the Clinical Education Team no later than **3:00pm** on: **XXXXXX**

APPENDIX 4: DECLINATION OF CLINICAL ASSIGNMENT FORM



TUN SCHOOL OF PHYSICAL THERAPY DECLARATION OF CLINICAL ASSIGNMENT FORM

Student Name: _____ Class of: _____

Date Declination Submitted: _____

Declination of Rotation:

Clinical Experience I Clinical Experience II Clinical Experience III

Students are advised to type or print all requested information: illegible and/or incomplete forms will not be accepted.

Name of Clinical Site you are declining: _____

Describe in detail your reason for declining this clinical rotation:

***Declination of Assignments:** Students who decline clinical rotations will be placed last on the list of students to be placed and will be placed according to the clinical experience slots available at the time of this declination. If clinical experience slots are not available, due to the time to secure additional clinical rotations, declination of a clinical rotation and subsequent re-assignment may hamper the student's ability to complete the curriculum with the cohort class as well as requiring the student to pay additional tuition and fees.*

Student Signature: _____ Date: _____

Approved Denied *Please email request to DCE

DCE Signature: _____ Date: _____

DCE Notes:

Referred to SOPT Program Director Resolved

APPENDIX 5: CLINICAL LEARNING CONTRACT

(DCE may modify this document as necessary to meet the needs of the students and/or clinical site)



TUN SCHOOL OF PHYSICAL THERAPY CLINICAL LEARNING CONTRACT

This document is intended to serve as an aid for students, clinical instructors (CI) and DCE in developing individualized educational plans for the clinical rotation. Student and CI should refer to the course objectives, outcome expectations, and the Clinical Performance Instrument to guide the development of a Learning Contract.

Step 1: Discussion: During the first two days of the rotation, the student and CI should discuss the learning experiences available at the facility including patient care, professional practice, and practice management opportunities. The CI and student should reach a consensus on expectations based upon clinical rotation outcome expectations and student professional behavior expectations. Use the reverse side to document the discussion as needed. This form may also be used in situations requiring a learning contract as part of a clinical rotation or at any time when a remediation of behaviors or skills is necessary during a clinical rotation.

Step 2: Faculty Goals for Learning Contract: The DCE and/or CI will formulate their goals for the assigned student no later than the end of the first week based on rotation expectations, student goals, actual performance, ability levels, and patient populations within the assigned setting. In cases of behavioral and/or skill remediation, goals will be formulated within 3 days of notification to the school of student issue/concern and identification of need to institute a learning contract.

Goal 1:
Strategies
Goal 2:
Strategies
Goal 3:
Strategies
Goal 4:
Strategies

Step 3: Student Goals

The student should list the three most important goals to be accomplished during this rotation, as well as specific strategies used to achieve these goals. Use additional pages as needed. Goals should be developed by the assigned student and given to the CI no later than the end of the first week of the rotation. In cases of behavioral and/or skill remediation, goals will be formulated within 3 days of notification to the student regarding the issue/concern identified and need for corrective action.

Goal 1:
Strategies
Goal 2:
Strategies
Goal 3:
Strategies

****Additional Comments:** Failure to adhere to these goals will result in discontinuing this rotation and a failure in this course. No appeals will be accepted regarding this contract when signed by all parties.

Student Signature _____ Date: _____

Clinical Instructor Signature _____ Date: _____

DCE Signature _____ Date: _____

APPENDIX 6: CLINICAL LEAVE REQUEST FORM



TUN SCHOOL OF PHYSICAL THERAPY CLINICAL LEAVE REQUEST

Student Name: _____ Class of: _____

Date Request Submitted: _____

Clinical Rotation: Clinical Experience I Clinical Experience II Clinical
Experience III

Type of leave requested:

Personal Family Medical /Extended Illness Maternity Professional

Students are advised to type or print all requested information: illegible and/or incomplete forms will not be accepted. All leave requests must be received **no less than 14 days** prior to the date of requested leave. Requests received after this time may not be acted upon and/or denied.

Student must be in good standing related to clinical performance at assigned clinical site (ex: student not under clinical learning contract and/or remediation plan). Assigned CI, clinical site SCCE, DCE and/or SOPT Program Director have discretion to deny request.

Dates of Requested Leave: _____

Reason for leave:

Action plan to make up missed clinical rotation hours (Required):

Student Signature: _____ Date: _____

CI/SCCE Signature: _____ Date: _____

Submission of this leave request does not constitute approval and students should not assume a request has been granted until they are in receipt of a signed copy of this form indicating approval by DCE.

Approved Denied *Please email request to DCE

DCE Signature: _____ Date: _____

APPENDIX 7: CLINICAL EXPERIENCE EVALUATION



TUN SCHOOL OF PHYSICAL THERAPY CLINICAL EXPERIENCE EVALUATION

Clinical Rotation Evaluation

Clinical Experience: _____ Clinical Site: _____ Dates: _____

EVALUATION OF CLINICAL SITE

	Agree Strongly	Agree	Neutral	Disagree	Strongly Disagree	Unable to Assess or N/A
Provides a good variety of pathologies for this setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An orientation to the facility was provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site offers adequate work, storage and parking space for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site provides a supportive learning environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site is overall a good site for DPT students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would consider employment at this facility in regards to company, employee/staff (not location)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: (comments required for ratings of neutral or lower)

EVALUATION OF CLINICAL EXPERIENCE

	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly	Unable to Assess or N/A
Site goals and objectives were clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scope of student activities, including limits were clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scope of activities is appropriate for students level in DPT program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical teaching is evident among professional staff at site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Average number of patients seen per day by student

Average number of visits per day at facility

Number of PT's at Facility

No. of PTA's

No. of PT Students

No. of PTA Students

Comments (comments required for ratings of neutral or lower)

EVALUATION OF CLINICAL INSTRUCTOR

	Agree Strongly	Agree	Neutral	Disagree	Strongly Disagree	Unable to Assess or N/A
CI serves as a good professional role model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CI takes advantage of teaching opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CI communicates effectively with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CI communicates effectively with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CI communicates effectively with members of the healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates application of evidence-based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrates differential diagnosis into patient management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates autonomous decision making in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPI evaluations are reviewed & discussed adequately with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: (comments required for ratings of neutral or lower)

Describe your CI's teaching style and how did you adapt to this style?

Student Name:

Student Signature:

Date:

DCE Evaluation

Clinical Experience:

Clinical Site:

Dates:

EVALUATION OF DCE/Faculty

	Agree Strongly	Agree	Neutral	Disagree	Strongly Disagree	Unable to Assess or N/A
Clinical experience was confirmed at least 4 weeks prior to start date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinical education orientation provided by the DCE prior to the start of clinical experiences was helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate communication between the DCE and clinical site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DCE/Faculty were available to respond to my concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The DCE/Faculty responded to my concerns in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up support by DCE/Faculty was available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: (comments required for ratings of neutral or lower)

Student Name:

Student Signature:

Date:

**All possible efforts will be made to ensure the anonymity of students completing evaluations. Please submit this evaluation directly to SOPT Director Dr. Laymon.*

